

RESTRICTED

At a meeting of the faculty of the Shiraz Medical College held at a private home in Shiraz on the evening of January 7th, 1953, Dr. Stobbe attended. Dr. Stobbe was the only non-faculty member present. During the meeting, Dr. Stobbe was reported to have given a lengthy speech in support of Dr. Ghorban, the Dean of the College. (There is currently a serious breach in the faculty of the College, and it is our understanding that a majority of the teachers are attempting to remove Dr. Ghorban as Dean).

Dr. Stobbe's speech was answered by several members of the faculty, who apparently resented his biased interpretation of the situation. Information coming to the Shiraz Point IV office indicates that the presence of Dr. Stobbe at the meeting was resented by a number of faculty members.

On January 8th, Mr. Bryant called on the Governor-General of Fars Ostan to state that Point IV had no desire or intention of interfering in any way in the internal affairs of the Medical College, and that any action taken by Americans in the matter was entirely unauthorized and unofficial. The Governor-General, who apparently had not yet been informed of Dr. Stobbe's presence at the meeting, appeared to understand and appreciate Mr. Bryant's statements and policies.

Form No. 1 U S. A. 2

UNITED STATES TECHNICAL COOPERATION

FOR IRAN

Office Memorandum.

RESTRICTED

Nov. 3, 1652

DATE:

TO

: Dr. A. L. Lazarus. Acting Head of Health

Section, Suiraz,

FROM : Dr. L. Ho. Stobbe - Phys. & Surgeon, Tehran.

SUBJECT: Five Years Program for Pars.

At a meeting with Dr. Z. Ghorban on Oct. 26, 1952 items for the new five-year program were discussed and recommended for inclusion in your requests from Point 1V: -

- 1. The Establishment of the Medical Center for all of Southern Persia, including Yazd, Kerman, and even Isphahan regions.
- (a) Implementation of Instructor Staff by procuring professors on a 1 or 2 year exchange basis, scholorships, grants.
- (b)- Point 1V helps in Training Nurses, Midwives, and auxilliary help personnel to orthodox doctors.
- (c)- Setting up departments in the medical school such as Biochemistry, Nutrition experts, Virologists, Physiologists, and Laboratory Directors.
- (d) Completion and removation of necessory buildings will require a fund from Point IV of three hundred thousand Tomans. And from 20 to 50 thousand dollars per year for 3 years will be necessary for proper equipment, to be imported from the United States.
- 2. Public Health Laboratories in each of the 10 centers of Fars are next most important. At present no diagnoses can be made with certainty in all of Fars Ostan. These are to be considered as branches of the chief laboratory in the Medical School at Shiraz. About \$2,000 is needed for each of these laboratories per year.
- 3. Increase in the Mobile Unit Service to Tranian Public in Fars.

To do the job effectively 40 Behdars and 40 vehicles are needed. Each unit should cost \$5,000 per year for medicines dispensed.

Any assistance to the Behdars is a direct help to the Public Health Program.

These Mobile Units must be serviced from Shiraz, but must function from fixed centers away from Shiraz, so that no time and money is wasted in travel time by these units. The present system

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is an utter waste.

- 4. Tuberculosis is a mounting problem second only to trachoma, and both of these far more important than Malaria control.
- (a) Technical equipment such as X-rays, operating equipment, hospital supplies, etc. to the T.B. Hospital in Shiraz, which is about ready, and which will form the nidus center of all T.B. activities in Fars.
 - (b)- Training grant to a Surgeon for Chest Surgery.
- (c)- Establishment of one Garden in each of thelo larger centers as a convelescent sanatorium.
- (d)- Massive Chest-X-ray program and B.C.G. Vaccination program throughout the Ostan. Do more tuberculine tests.
- (e)- An Abbulance stationed at Kazeroon, Fassa, and Abadeh to convey cases to Shiraz.
- (f)- Occupational Therapy Rebabilitation Center as designed in former program to Mr. Evans by Dr. Stobbe.
- 5. Opening of the Serah. Pahlavi Maternal pre-and post natal clinic in Shiraz as proposed by Dr. Stebbe in original reports.
 - (a)- Similar centers in other larger cities of Fars.
- (b)- Establishment of soup kitchens, vitamin and food dispensaries for expectant mothers at these prenatal clinics. About \$5,000 per year would be sufficient to conduct a splendid program in this field, and be the biggest help in reducing the ghastly infant mortality in Fars Ostan.
- the Iranian Department of Health of Fars who needs to receive more attention by Point IV Regional Health Team and by Dr. E.E. Palmquist, since this is a Cooperative Program and not a dictatorial program. Behdars who are not hired by Point IV are in the majprity, under absolute control of Dr. Ghorban, and benefit Public Health Preventive Medicine Program far more than what Point IV is doing now, are entitled to receive Resochin antimalarial drugs on the Cooperative Plan.

Furthermore, the Subgrants for salaries under H 8 andH 9 // should have been turned over to Dr. Chorban on toto as was in- // tended, and not held back by the Point 1V Regional Director.

- 7. A laboratory technician training course for twenty qualified students should begin immediately, with scholarship grants and a good faculty. Dr; Reichle, Dr. Dana, Dr. Mahmoudian and others are now available and willing to be on that staff of teachers for a laboratory technician program second to none in all Iran.
- Dr. Agha, Dr. Farpur, Dr. Dehkan, and Dr. Shahabi should be hired by Point IV health section to implement the impending Trachoma program and the tremendous need for training of personnel in Fars Ostan.
- 8. More In-Service Training under H8, H9, H 10, and H 11 is a crying need in Fers Ostan. It is felt that Miss Emge and Miss De Moisy have not done what has been expected of them, as yet, and that H 10 and H 11 in particular need to be greatly expanded.

The completion of Pediatrics Ward in Saadi Hospital and the Nurses' Dormitory were designed for In-Service Training and at least 30 student nurses should be included under the project H 10 & H 11.

9. Intensified De-Werming Programs on a Village Level needs be undertaken in Fars Ustan. Ridding Lar, Bushire, and Bandar- Abbas of the cyclops and dragon worm cyles, that exist at these isolated sites, and have been renowned for centuries at these sites, would be a boon to Fars and a true victory for Public Health.

Publication in Farsi of the four articles I have written about worms in Fars Ostan and given to Mr. Bryant would help Iranians to appriciate the seriousness of the worm situation.

essential. Iranian employees of Point IV and their families have looked to the Health Section to give them medical aid in times of need and sickness and will continue to need medical care. In order to maintain Good -Will this is absolutely necessary - even if more doctors have to be hired. Dr. A. Dehkan and Dr. Shababi have conducted examinations of Iranian Personnel in the past for a fee, and this could be extended to include medical care.

As to "unfinished business" I hope that the books on order for implementation of the Medical School Library will arrive soon and installed with proper indexing; that the Blood Transfusing Service and the Laboratory Equipment will soon

arrive; that an instructor in English for the medical School faculty to students will soon be granted; that the mobile units on order specifically for the health department will arrive so that at least 6 to 10 such units will be in operation soon; that Dr. Ghadimis' salary be raised so that he can truly function as Chief Counterpart, and be given Dr. Dana and Dr. Farpur as assistants; and that the Virology Research can soon begin to lead the way in an extensive Trachoma compaign. I also hope that you help Dr. Ghorban complete the 10 Hospitals under construction in Fars Ostan Region as well as the 3 Point IV Health Centers. In fact, you should propose erection of 3 such each year.

If at anytime, especially during the covering year, I can be of any service to you or to Dr. Ghorban and Fars Ostan in Public Health activities, I stand ready and willing to help.

Respectfully and Sincerely,

Dr. L. H. O. Stobbe M.A; M.D. Headquarters Staff Tehran.

a copy of this memorandum was sent directly to As. Ghostan and seen by me in his possession on or about nov. 9, 1952

ashegarus

UNITED STATES TECHNICAL COOPERATION FOR IRAN

Office Memorandum.

DATE:

OT

: Dr. A.L. Lazarus - Acting Head of Health

Section Fars.

FROM

: Dr. L. Ho. Stobbe - M.A., M.D.

SUBJECT: Dispensary & Hospital Buildings.

In January and February 1952 it looked as though Point IV
was going to help Dr. Ghorban to complete 8 dispensaries and 2
hospitals in the outlying regions of Fars. I visited the half
completed structures and did much survey work which was com plementary to the idea. If these were in operation, Fars Ostan
would have an empire of Public Health, as envisioned by Dr. Ghorban
3 years ago, second to none in all Iran.

By Feb. 16th, when funds were at lowest ebb, and when projects on national scale had not yet been approved, Mr. Evans and Dr. Palmquist were compeled to deny our request, but left the door open for further consideration of this matter at a future date. Attached herewith please find the official letters of Dr. Ghorban's itemized proposal and the answer from Dr. Palmquist.

Probably now that funds are available to spend 20 times the amount which we are presently spending, this project should be re-written and presented once more officially.

Kindly have a meeting with Dr. Ghorban on this matter, and help him train personnel for these institutions, because eventually they will come into existance - even if they have to wait for "the & % taxes for Sanitation "to pile up for financial support.

Respectfully,

Dr.L.Ho. Stobbe, M.A., M.D.
Headquaters Staff, Tehran.

TO:

DR. L.H.O. Stobbe - Head of health Section Fars, Shiraz

FROM:

Dr. Z. Ghorban, Chief, Provincial Health Dept of Fars, Shiraz.

Subject:

Hospitals and Dispensaries in District of Fars in need of completion.

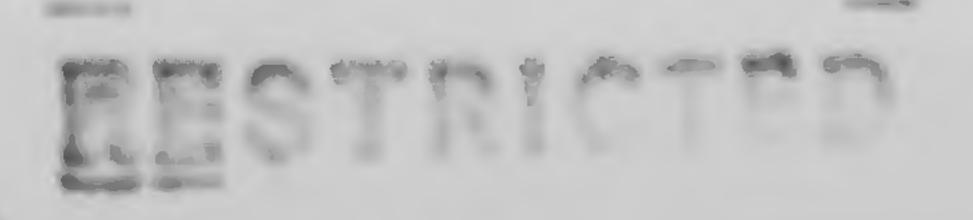
In the year 1329 (1950) the construction of 8 dispensaries and 2 hospitals in various parts of Fars Ostan officially began with the fund available from 1% taxes taken for Sanitation. Also some of this fund was spent to complete the building of Saadi Hospital of Shiraz and Hospitals of Mazeroon and Estanbanat. But since the money was not enough to finish these buildings they are not yet completed and may be that they are becoming ruined by rain and snow. Here we give the list of money that we are in need of for these dispensaries and hospitals, with the amount mentioned in the contracts and the sum we have paid to the present day:

		Contract Price	Amount	Amount Necessary to complete
1.	Hospital for Darab	469,990 Rs	156,663.30As	313,326.70%s
2.	Hospital for Niriz	469,990ks		313,326.7 Ols
3.	Dispensary Bahvanat	495,000As	165,000. As	
4.	Dispensary Eghlid	495.000ks	165,000. As	330.000. Rs
5.	Dispensary Ghotbabad		295,000 Ns	200,000. As
6.	Dispensary Gavbandi		200.000. As	295,000. As
7.	"Yassuj Tal-			
	Khosrow	495.000 Rs	165,000. Ns	330,000. Ns
8.	"Ghir & Karzin		165,000. Rs	330,000. Ns
9.	" Kamfiruz " of Gavakan &		165,000. As	330,000. Rs
	Band-e-Amir	544.500 Rs	181,500. Rs	363,000. Rs
11.	To complete Saadi			
	Hospital			500,000As
12.	Estabbanat Hospital			300.00003
13.	Kazerun Hospital			L,000,000Rs

Total Rials
We need 4,934,653.40 Rls to finish the buildings

We ask the kind consideration of Point IV officials in this matter, so that a constructive health program may be initiated in the outlying districts of Fars. The health Dept. of Fars and the Ministry of Health have gone as far as they can but are now out of funds and the amounts already spent is in danger of being lost, while the public continues to suffer.

(This was signed by Dr. Z. Thorban)



Ferin No. I U A. A. 2

Office Memorandum.

IRANIAN UNITED STATES JOINT COMMISSION FOR RURAL IMPROVEMENT

DATE:

February 26, 1952

TO: Dr. L.H.O. Stobbe, Head, Health Team, Shiraz

THRU: Mr. John G. Evans, Director of Rural Improvement and

FROM: Mr. Ralph Littlefield, Acting Director, Shiraz Regional Unit
FROM: Dr. E. E. Palmquist, M.D., M.P.H., Chief, Division of Health

SUBJECT: Your Memo to Mr. Evans, "Dispensery and Hospital Buildings."

Relative to your memo of February 16, 1952 regarding the poor financial condition with relation to dispensery and hospital buildings, it is a sad situation indeed described by Dr. Ghorban in "Hospitals and Dispenseries in District of Fars" in need of completion.

The present scope and limitations of our public health program and budget makes it doubtful that Point IV programs can enter into the field of subsidy of hospital construction.

I shall be glad to discuss this problem with you when we meet in the near future.

Emil & Falunguist

EMIL E. PALMQUIST M.D., M.P.H.

Chief, Division of Health

TCA in Iran

EEP/mm

1951.

CONFIDENTIAL

October 1, 1951.

PUBLIC HEALTH PROGRAM 1951

John:

I am impressed by the Division of Public Health's report especially to its:

- (a) Thoroughness and comprehensiveness
- (b) Its drive
- (c) Its proficiency in the professional sense.

All of this is to the good. What it represents is a colossal shot at a stupendous problem. This is good too. My guess is you'd want nothing less in a dynamic organization sense.

But it has grave deficiencies. For as I noted, above all it is a proficient professional treatise, tailored to cover a substantial section of the health problem waterfront. It is a single purpose health drive with pretty much disregard of the Agricultural and Educational implications and needs.

The deficiencies are pretty obvious:

- (a) Its plan for interweaving with the local economy to make it consistent with the low levels in Iran is seriously lacking. In other words it's a very high level to make it sticks unless an annual stream of money keeps pouring in.
- (b) The method is not well (or not at all) thought out. I refer to the well episode where the drive was water irrespective of what happens after water was available as an example of what I mean. This is a very serious ommission, but one which can always be expected to be present. Feet has to be held to the fire always on this.
- (c) Again it is a self interest professional effort a get-on-with-the-businessof-correcting-condition drive. It's bad but not such as now to take cognizance of. Turner and Stephanides will need to express themselves program-wise. It's a must if they are to be on a dynamic team. I sense they are doing it piece-meal, rather than to sketch a broad outline.
- (d) As usual PHS wants everything including visual aid.

I could mention more but the above are representative. I'm inclined to suggest nothing at this time except the fellowing:-

- 1. Express a satisfaction at its scope and context. They're doing a swell job, etc., approach.
- 2. There is some detail as to visual aids, etc., which you've been thinking should be done by U.S.I.E. But no need now for us to argue it. Think about it Doctor it looks sound to me, etc.
- 3. All in all you are willing to support its general direction., etc., etc., on several items.

But two factors are, as the report puts it, "of the essence":

Methods, means and techniques of getting the program into the Iranian blood stream without yearly injections by the U.S. seem lacking. Also methods to assure sound practical results, justified in terms of public funds used, needs to be thought of and dug into deeply and quickly. And it's this that makes up your next biggest question.

Seems to me you could tell him with these reservations which can be worked on here you'd go along - but he must understand that funds will be alloted to the several phases of the Program and whatever this total represents his share will be proportion to the programs developed for Agriculture and Education. Furthermore, while in effect authorizing a general effort you will release the funds only on presentation of specific projects which set forth in detail the proposed methods and plans in rounded fashion.

Somehow I think you have everything to gain by taking such an attitude at this time. The budget distribution and project authorization can be the most effective administrative control - and now time is too short and the problem too pressing to do other than cover it with a wide brush.

Will be glad to talk further, especially as to where Education and Agriculture stand in this scene.

Here is Doc Paluquists

complete Program. I am very wouch

on the fence about sending it in with

any recommendations on my fact,

certainly will you & I have talked it

one, + then both of us gone one it with

the De. It amonto (according to him)

Lo arond #12. million.

I farticularly question:

(D) The deep well frogram (Item 3)

(D) American personal need (Item 4)

(3) Leanier " (Items)

(4) Laboratory Regument for Region (Stew 7)

(5) Mobile Health Clinics for 10 Regions (Sta 8)

6 Vesual aid Equipment (I want USIE Fo service all our needs uthis field) (Item 10)

(7) Transfortation heeds (This should be a Program Stem) (Sten 12)

Please 90 over the + give we the benefit of your best thinking as soon as convenient

V./. Return to Evan

American Embassy Tehran, Iran. October 14, 1951

Dr. Henry G. Bennett Administrator, TCA Room 2009 State Annex No. 9 Washington 25, D.C.

Dear Dr. Bennet:

Transmitted herewith in duplicate is the 1952 Public Health Program for Iran as proposed by the Division of Health. It will be noted that the proposal is based on the assumption of a very much expanded program and estimates that 10 regional stations will be in operation.

It will further be noted that included in the list of attachments are proposals for operations which are not in my estimation activities which apply solely to the Division of Health.

The well drilling program, for example, if we approve it, should be carried on by the projected Division of Construction and Engineering, I believe. The visual aid program should service the entire organization, and if U.S.I.E. is not to service our requirements in this important field, then we will work out of our needs with the Syracuse unit.

Items 8 and 12 in the list are, without further analysis on my part, somewhat over-emphasized, I think; nor am I convinced without further analysis that either the American or the Iranian personnel needs listed in 4 and 5 are not over ambitious.

I have asked Dr. Palmquist to give me a listing, on a priority basis, of the medical and other items for purchase in the U.S., and two copies are enclosed herewith.

The Divisions of Agriculture and Education are working on their programs and requirements which I shall transmit with my comments when they are handed to me.

I propose to discuss the Program proposals with Mr. Clark on his arrival here, as well as plans for 1953.

Very sincerely yours,

JOHN G. EVANS Director of Rural Improvement.

JOE idbs

October 14, 1951

MEMORANDUM TO: Mr. John G. Evans, Director, Division of Rural Improvement

FROM: Emil E. Palmquist, M.D., M.F.H., Chief Division of Health, TCA in Iran

SUBJECT: Relating to "TCA in Iran Public Health
Frogram Plans for the Fiscal Year 1952."

In response to your recent request to prepare a priority or preference outline of minimum requirements for our Public Health Program for what will really be our first year of operation in Iran in the fiscal year 1952, may I submit the following:

The program plan for purpose of budget or allocation of funds may be divided into three groups, as follows:

- 1. Programs national in scope:
 - a. "Recommended TCA and Iran Ministry of Health National Anti-Malaria Program for the calendar year 1952."

This nationwille program of paramount inportance to the public health of Iran should not be reduced. The DDT now on hand from TCA and that ordered by the Ministry and now beginning to arrive will only carry the present program into Pebruary, 1952. Equipment is in bad repair and short in sup ly. The program at present only meets one-half the actual needs of the country's malaria problem. Expansion is therefore necessary. The program as planned, therefore, should be expedited in order that the program could be in full operation by January 1952. This program is not atrictly a part of the Rural Development Program but, of course, the DDT spraying activity will be almost entirely in the rural areas and small cities. It is

suggested that budget-wise, the antimalaria program may not be a part of the Rural Development Program.

- b. "TCA in Iran Trachoma Control Program for Fiscal Year 1952" is secondary in importance to the anti-malaria and the health programs of the Rural Development Program. If at all budgetarily possible, however, it should be included as planned. If necessary, it could be reduced to two units.
- c. "TCA in Iran Public Health Scholarships to the U.S.A. and Leadership Travel Grants for Fiscal Year 1952," is very important and if at all possible financially, it should be included even if it had to be reduced by 50 per cent.
- d. "TCA in Iran Assistance Program for Training of Iranian Public Health Personnel", is a modest request and it is hoped that it will not be necessary to reduce it. Training of personnel locally is very important.
- 2. Programs of the Rural Development Program:

These programs listed below have all been planned on the basis of operating ten regional teams. It seems reasonable, however, that it will not be possible nor practicable to attempt to have more than five of these regional teams begin operation in Fiscal Year 1952 (Ending June 30, 1952). Therefore, the following reductions are possible:

- a. "Sanitation Equipment and Materials" may be reduced by 50 per cent.
- b. "Powered Deep Well Water Supply Program for Irrigation and Domestic Use" is as explained, an extremely important program not only from the public health point of view, but it is also very important for the rapid results it would have on agriculture. It is also a program which is very demonstrative and will go a long ways to create good will and acceptance of the whole TCA program in Iran. Approximately

20 per cent of the water will be used for domestic use and the remaining 80 per cent for irrigation purposes. Budgetwise, therefore, only 20 per cent of the costs of this program should be credited to the Division of Public Health of TCA in Iran. It is requested that if this program should not be approved, that \$1,000,000.00 be budgeted to the Division of Public Health to use in the Aural Development Program to build both hand and powered domestic water supplies, distribution of which to be determined in Iran.

- c. "American Personnel Needs for the Public Health
 Program of TCA in Iran for the Fiscal Year 1952",
 may be reduced to staff five regional teams or
 by 50 per cent, except that the additional personnel requested for the Central Headquarters
 office in Teheran should not be reduced, namely:
 One Public Health Educator; one Chief Bacteriologist, one Sanitation Supply Officer; one Public
 Health Itatistician; one Ophthalmologist as Chief
 of Trachoma Control Activities for TCA in Iran
 (unless the Trachoma Program is disapproved);
 one assistant to the Chief of Sanitation Activities;
 one X-Ray Technician; one Public Health Pentist;
 and one Entomologist and one Sanitary Engineer
 for the Anti-Malaria Program.
- d. "TCA in Iran Iranian Personnel Needs for the Fublic Health Program for Ten Legions" may be reduced by 50 per cent except those for Central Headquarters which should not be reduced.
- e. "Fublic Health Materiel Requirements (For Total of Ten Legional Teams) (Additional to the McCall-Eason Estimate for TCA in Iran now being Processed in TCA, Washington, D.C.)", may all be reduced by total of 40 per cent. The remaining 60 per cent will permit supplying of five regional teams and leave 10 per cent margin for spare and extra supplies.
- f. "TCA in Iran Fublic Health Laboratory Materiel Requirements (For Each of Total of Ten Jegions in Addition to the Laboratory Equipment for One Laboratory as Provided per the McCall-Bason Estimate now being Processed in Washington, D.C.)".

may be reduced by 50 per cent.

- Quarters Requirements for Fiscal Year 1952".

 It is recommended that this not be reduced.

 These units can all be put to good use in only five regions.
- 3. General Use Requests for all TCA Personnel (Agriculture, Education, and Public Health).
 - a. "Outdoor Living Equipment for TCA in Iran
 Field Personnel (For Use when Other Facilities
 do not Exist or are Unsuitable)". It is recommended that this request not be reduced.
 - b. "TCA in Iran Visual Aid Equipment for Regional Teams". This may be reduced 50 per cent for five regional teams.
 - c. "TCA in Iran Public Health Regional Team Transportation Needs". This may be reduced by 50 per cent for five regional teams.

Respectfully submitted.

EMIL E. PALMQUIST, M.D., M.P.H. Chief, Division of Health

TCA in Iran

Mu. Conlder.

Should we not discuss Publice
Health's projosed program with
Paluquist in the light of one of
the attached telegrams: I am
extremely heritant about forward;
it to washigton as enbuitted.

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CENTRAL FILE

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October 1, 1951.

PUBLIC HEALTH PROGRAM 1951

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